

IDAHO STATE DEPARTMENT OF EDUCATION
CERTIFICATION/PROFESSIONAL STANDARDS COMMISSION

APPLICATION PACKET

for

ALTERNATIVE AUTHORIZATION – POSTSECONDARY SPECIALIST CERTIFICATION

JUNE 2007

POSTSECONDARY SPECIALIST CERTIFICATE

RULE: IDAHO STATE BOARD OF EDUCATION (IDAPA 08, TITLE 02, CHAPTER 02)

032. Postsecondary Specialist

A Postsecondary Specialist Certificate will be granted to a current faculty member from any accredited Idaho postsecondary institution. To be eligible to teach in the public schools under this Postsecondary Specialist Certificate, the candidate must supply a recommendation from the employing institution (faculty's college dean). The primary use of this state-issued certificate shall be for distance education, "virtual classroom" programs, and for public and postsecondary partnerships.

01. Renewal. This certificate is good for five (5) years and is renewable. To renew the certificate, the renewal application must be accompanied with a new written recommendation from the postsecondary institution (faculty's college dean level or higher).

02. Fees. The fee is the same as currently in effect for a basic teaching certificate established in 08.02.02.066.

03. Qualifications.

- a. Must hold a master's degree or higher in the content area being taught.
- b. Must be currently employed by the postsecondary institution in the content area to be taught.
- c. Must complete a criminal history check as required according to Section 33-130, Idaho Code.

INFORMATION:

The primary use of this state-issued certificate shall be for distance education, "virtual classroom" programs, and for public and postsecondary partnerships.

This certificate is good for five (5) years and is renewable.

PROCEDURE:

1. In order to be granted a Postsecondary Specialist Certificate, the candidate must:

- a. Hold a master's degree or higher in the content area being taught.
 - b. Be a **current** faculty member from an accredited Idaho postsecondary institution. Separation from the employing university shall invalidate the certificate.
- 2. To apply for the Postsecondary Specialist Certificate, the following items need to be completed and submitted as a packet:
 - a. A written recommendation from the employing college/university dean.
 - b. Completed and signed application (**form B1**).
 - c. Application fee - \$75.00. Cash, money order or checks are acceptable forms of payment. Checks are to be made payable to State Department of Education. Credit cards are not accepted. Payment is **non-refundable**.
 - d. Submit a completed fingerprint card and a \$40 fee as required by section 33-130 Idaho Code, criminal history background check. The fingerprint card may be obtained at the school district or by contacting the State Department of Education, (208) 332-6882.
 - e. The \$75 check and the \$40 check may be combined into one payment payable to the State Department of Education.
- 3. To renew the certificate, the renewal application (**form B1-R**) must be accompanied with a new written recommendation from the postsecondary institution (faculty's college dean level or higher).

NOTE: Submit the required items listed above to:

**State Department of Education
Certification/Professional Standards
P.O. Box 83720
Boise, Idaho 83720-0027**

APPLICATION FOR AN IDAHO INITIAL/REINSTATEMENT/INTERIM PROFESSIONAL EDUCATION CREDENTIAL

THIS SECTION FOR OFFICIAL USE ONLY	Fee	Date Received	Receipted By	Year Issued	Year Expired	NIA Status
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Item #1 Indicate Type of Application

<input type="checkbox"/>	Initial (Applicant is a graduate of an Idaho Teacher Preparation Program)				
<input type="checkbox"/>	Reinstatement (Applicant has previously held an Idaho credential which has expired)				
<input type="checkbox"/>	Out-of-state (Applicant does not hold a current license – applying for evaluation only)				
<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Out-of-state</td> <td style="width: 30%;">Current license from what state:</td> <td style="width: 30%;">Name of Teacher Preparation Institution:</td> <td style="width: 20%;">Date of Program Completion:</td> </tr> </table>	Out-of-state	Current license from what state:	Name of Teacher Preparation Institution:	Date of Program Completion:
Out-of-state	Current license from what state:	Name of Teacher Preparation Institution:	Date of Program Completion:		
<input type="checkbox"/>	Initial – Postsecondary Specialist				
<input type="checkbox"/>	Interim – ABCTE				
<input type="checkbox"/>	Interim Alternative Authorization – Teacher to New Certification				
<input type="checkbox"/>	Interim Alternative Authorization – Content Specialist				
<input type="checkbox"/>	Interim Alternative Authorization – Pupil Personnel Services				

Item #2 Personal Information: Please enter your name exactly as you want it to appear on the certificate

Name		SS#
Maiden/Other Name		Birth Date
Street or PO Box #		Phone #
City, State, Zip Code		Gender <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

Item #3 Certificates: List the certificate(s) for which you are applying (i.e., Stndrd Elementary, Admin, Stndrd Secondary, etc.).

Certificate # 1	
Certificate # 2	
Certificate # 3	
Certificate # 4	

Item #4 Endorsements: List the educational endorsement(s) for which you are applying (i.e., English, Principal, etc.).

Endorsement # 1		Endorsement # 5	
Endorsement # 2		Endorsement # 6	
Endorsement # 3		Endorsement # 7	
Endorsement # 4		Endorsement # 8	

Item #5 Educational Institutions: List the colleges/university you have attended (start with the most recent). You will need to include official transcripts for each institution listed.

	College/University Name	Years Attended	Degree Earned	Year Earned
a.				
b.				
c.				
d.				

Item #6 Teaching Experience: If you have two or more years of contracted teaching experience, list the last two districts/educational agencies with which you held a contract. Substitute teaching does not apply.

	School District Name	State	From (mo/yr)	To (mo/yr)
a.				
b.				
c.				
d.				

More information is required on the back (over)

Item #7 Praxis II Tests: List all Idaho Praxis II tests you have taken and the score achieved on each. Verification of the score(s) must accompany this application (i.e., photocopy of score sheet).

Out-of-State Applicants - If assessment is other than Idaho Praxis, list the required Idaho Praxis in column 1 and the requested out-of-state substitute assessment in column 2 (attach additional sheet if needed). Verification of a passing score of the assessment must accompany this application OR provide verification of a current National Board for Professional Teaching Standards certificate. NBPTS persons will receive a five (5)-year Initial Certificate.

(Access www.ets.org/praxis for Idaho required tests)

Test Name (column 1)		Test #	Score	Test Name (column 2)		Test #	Score
a.				d.			
b.				e.			
c.				f.			

Item #8 Prior Certification Irregularities or Legal Convictions:

The Application for an Initial Idaho Professional Education Credential requires each applicant to respond to four (4) questions about prior certification irregularities or legal convictions (other than minor traffic violations).

1. Have you ever had a teacher certificate revoked, suspended, denied, or have you ever voluntarily relinquished a teaching certificate to avoid revocation proceedings in another state?

Check one ☐ YES ☐ NO

2. Is there any action pending against your certificate or your application in another state?

Check one ☐ YES ☐ NO

3. Have you ever been convicted of any felony or misdemeanor in any state, federal or military court?
(see NOTE 2 below) (Do not include convictions for minor traffic violations.)

Check one ☐ YES ☐ NO

4. Are you currently under investigation or facing pending criminal charges in Idaho or in any other state?
(see NOTE 2 below)

Check one ☐ YES ☐ NO

**NOTE:
1**

If the answer is **YES** to any of the questions 1-4 above, the following applies:

- 1) A personal written explanation must accompany this application;
- 2) If your misdemeanor conviction is less than five (5) years old, relevant court documents must accompany this application;
- 3) All felony convictions require relevant documents from the arresting law enforcement agency and the court that oversaw the final disposition.

**NOTE:
2**

For the purpose of questions 3 and 4 above, conviction means:

- 1) All instances in which a plea of guilty or nolo contendere is the basis of conviction;
- 2) All proceedings in which a sentence has been suspended, deferred, or withheld; and,
- 3) All proceedings in which the prosecution was deferred.

I attest and affirm that I have read the **Code of Ethics for Idaho Professional Educators**. (For a copy of the Code of Ethics, refer to the Code of Ethics link located in the Educator Certification section of the following website: www.sde.idaho.gov/teachercertification/).

My signature on this application attests and affirms that all statements made by me on this application are true and correct to the best of my knowledge.

I understand that entry of false information on the application may result in denial of my application or revocation of my certificate.

Signature of Applicant

Date

**RETURN FORM, TRANSCRIPTS
AND THE FEE IN ONE PACKET**

TO:

State Department of Education
Certification/Professional Standards
PO Box 83720
Boise, ID 83720-0027